

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

DATE
10 JULY 1974

3190

TO: (Check)
☒ CHIEF, CONTROL DIVISION, OP
☐ CHIEF, CONTRACT PERSONNEL DIVISION, OP
☒ CHIEF, OPERATING COMPONENT (For action) VII

SS NUMBER
069-24-3138 RETURN TO CIA
 EMPLOYEE NUMBER
007657 Background Use Only
 Do Not Reproduce
 ID CARD NUMBER

ATTN: CHIEF SUPPORT STAFF

OFFICIAL
COVER

☒

ESTABLISHED

DISCONTINUED

REF: FORM 2458, DATED 19 JUNE 1974

SUBJECT

CHARLOTTE BUSTOS-VIDELA

UNIT

99
[DEPARTMENT OF STATE]

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

☒ ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS

CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS
EFFECTIVE DATE: -

☒ BASIC COVER PROVIDED EOD
EFFECTIVE DATE

SUBMIT FORM 3254 W-2
TO BE ISSUED. (HHB 20-11)

☐ OPERATIONAL COVER PROVIDED
FOR TDY OTHER (Specify)

SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE
LIMITATION CATEGORY TO CATEGORY
(HHB 20-7)

☒ SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE
LIMITATION CATEGORY TO CATEGORY 0
(HHB 20-7)

EAA: CATEGORY I CATEGORY II

RETURN ALL OFFICIAL DOCUMENTATION TO CCS

☒ SUBMIT FORM 3254 STATE W-2 TO BE ISSUED.
(HHB 20-11) 99

SUBMIT FORM 2688 FOR
HOSPITALIZATION CARD.

☒ SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS
COVER. (HR 240-2e)

DO NOT WRITE IN THIS BLOCK -

☒ SUBMIT FORM 1323 FOR TRANSFERRING COVER
RESPONSIBILITY. (HR 240-2e)

☒ EAA. CATEGORY I CATEGORY II ☒

☒ SUBMIT FORM 2688 FOR AGE HOSPITALIZATION CARD

REMARKS AND/OR COVER HISTORY

27 AUG 51--AUG 62--EAS-OVERT 99
 AUG 62--JULY 67--EAS-DAC 99
 JULY 67--10 AUG 72--MEXICO--STATE--HONORARY
 1 SEPT 72--27 JUNE 74--EAS-DAC 99
 28 JUNE 74--TRINIDAD--STATE--HONORARY 11631

DISTRIBUTION:

EP:mlr

COPY 1 - CD OR CPD
 COPY 2 - OPERATING COMPONENT
 COPY 3 - OS/SR&CD
 COPY 4 - OC-DO/TFB
 COPY 5 - CCS-FILE

SECRET

E-2, IMPDET CL BY: 007622

(13-20)

FORM 1-74 1551 USE PREVIOUS EDITION

61BR